

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

NOTICE OF TERMINATION OF EMPLOYMENT OF CEMETERY SALESPERSON OR PRENEED SELLER

NO FEE REQUIRED

TYPE OR PRINT IN INK

EMPLOYEE'S NAME:

Last

First

Initial

EMPLOYEE'S MAILING ADDRESS: (Note: If mailing address is a P.O. Box, the Zip Code # must be that of the P.O. Box, not the street address.)

Number

Street

Apartment #

City

State

Zip Code

EMPLOYEE'S LICENSE #:

TYPE OF LICENSE:

☐

Cemetery Salesperson

☐

Preneed Seller

EMPLOYEE'S DATE OF BIRTH:

month

day

year

EMPLOYEE'S DAYTIME TELEPHONE NUMBER ()

ENTER NAME OF FORMER EMPLOYING ENTITY EXACTLY AS IT APPEARS ON THE EMPLOYER'S LICENSE CERTIFICATE. The name of the cemetery authority if this form pertains to the employment of a cemetery salesperson; otherwise, the name of the former employer-preneed seller.

continued

ENTER LICENSE NUMBER OF FORMER EMPLOYMENT ENTITY:

BUSINESS ADDRESS OF THE FORMER EMPLOYER'S MAIN OFFICE.

Number

Street

P.O. Box (if applicable)

City

State

Zip Code

MAIN OFFICE TELEPHONE NUMBER ()

THE EMPLOYEE NAMED ABOVE HAS OR WILL RESIGN THE POSITION as a cemetery salesperson or preneed seller employee of the above-listed employer, effective on the following date:

month

day

year

EITHER THE EMPLOYER OR EMPLOYEE MUST SIGN.

Signature